

*Jennifer Louise Jenkins, Administrator ad Litem of the Estate of Sterling L. Higgins
v. Obion County, Tennessee, et al.*

No. 20-cv-01056 STA-dkv

Exhibit 1
Report of J.C. Upshaw Downs, M.D. – Redacted

forensX, LLC *"To strive, to seek, to find - and not to yield."*

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CONSULTATION REPORT

DATE: 24 January 2021

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CASE: WTRFC #20-19-0508

SUBJECT:
HIGGINS, Sterling

Mr. Budge

Thank you for asking me to conduct this review. I have completed my evaluation of the case materials. Please see my attached report.

Should you have any questions and/or should I be able to be of any further assistance in this matter, please do not hesitate to contact me.

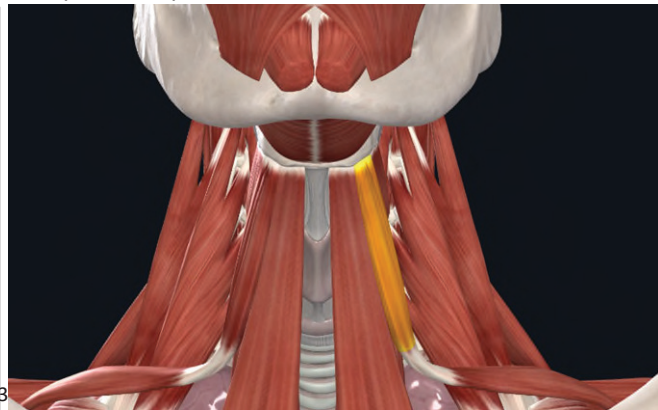
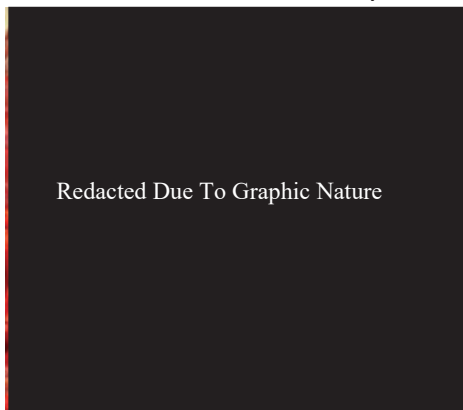
J.C. Upshaw Downs, M.D.
ABP-AP/CP/FP, FCAP, FASCP
F-AAFS, F-NAME, D-ABMDI

EXPERT REPORT**A. Statement of observations and opinions expressed and the basis and reasons for them:****1. The autopsy and toxicology findings document multiple anatomic and laboratory findings.**

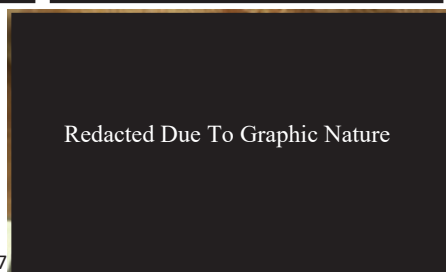
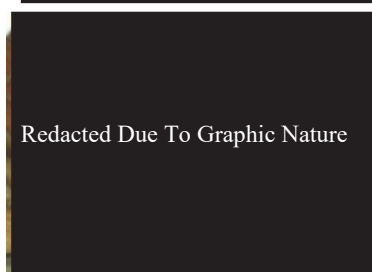
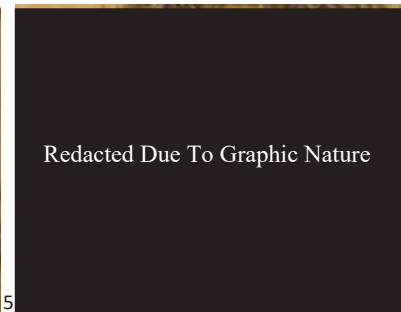
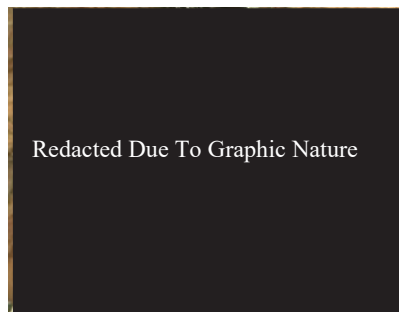
The subject was a 37 year-old male, 68 inches & 169 pounds¹ (body mass index = 25.7 kg/m²).

The physical examination² documented “multiple blunt force injuries” on multiple body surfaces:

- 3/4 inch red-brown abrasion right upper back
- 1/4 inch red-brown abrasion right upper back
- focal pale midsternal contusions
- 1/2 inch red-brown linear abrasion lateral right wrist
- multiple up to 1 inch linear red-brown abrasions lateral left forearm
- multiple 1/4 inch red-brown abrasions right elbow
- several up to 3/4 inch red-brown abrasions bilateral knees
- several up to 1/2 inch red-brown abrasions dorsal bilateral feet
- multiple up to 1/8 inch red-brown abrasions lateral distal right leg
- 1 cm bleed left omohyoid muscle (internal)



The subject was described⁴ as having bilateral “hemorrhagic sclera” with a suggestion of petechial bleeds.



Indicia of therapy (“consistent with resuscitative efforts”) were reported⁹ to include:

- 1 inch pink to purple contusions (X2) central chest
- pericardial hemorrhage

The cardiac examination¹⁰ documented:

- 345 gm weight
- myocardial bridging anterior descending artery
 - begins 4 cm distal to aorta
 - extends inferiorly for 3 cm
 - up to 0.2 cm deep

valvular circumferences (cm)

- 11 tricuspid
- 7 pulmonic
- 10 mitral
- 5 aortic

ventricular wall thicknesses (cm):

- 0.4 right
- 1.2 left
- 1.2 interventricular septum
 - no histologic pathology diagnosis

The remaining respiratory system examination¹¹ documented:

- nasopharyngeal airways – no foreign material
- larynx & vocal cords – intact & unremarkable
- hyoid – intact
- lungs 890 gm combined (480 right/410 left)
 - upper airway & bronchi unobstructed
 - clear of debris & foreign material
 - parenchymae
 - red-purple & congested
 - mild edema
 - no focal lesions

The head & brain examination (fresh)¹² documented a weight of 1405 gm and found no lesion.

The remainder of the examination¹³ was notable for a 2 by 2 cm right adrenal cortical adenoma.

Toxicology¹⁴ on hospital blood was reported positive for:

- methamphetamine – 0.62 mg/L (therapeutic 0.01-0.3/toxic 0.12-5/lethal 0.09-64)¹⁵
- amphetamine – 0.039 mg/L (therapeutic 0.02-0.2/toxic 0.2-3/lethal 0.5-41)¹⁶
- delta-9-THC – 0.0056 mg/L
- 11-hydroxy-delta-9-THC – 0.0015 mg/L

delta-9-carboxy-THC – 0.0011 mg/L

caffeine – not quantified

cotinine – not quantified

naloxone – not quantified

Postmortem vitreous analysis¹⁷ documented:

- sodium – 143 meq/L
- chloride – 127 meq/L
- potassium – 14 meq/L
- urea nitrogen – 14 mg/dL

creatinine – 0.82 mg/dL

glucose – none detected

Tolerance is an important consideration with methamphetamine/amphetamine use.¹⁸

Several points arise in review of the documentation.

The examination was conducted by a Fellow in Forensic Pathology who was still in training and was *not* board certified in Forensic Pathology when the examination was conducted. Several routine steps for performance in in custody/police use of force cases were not described as performed or photodocumented as performed. This includes flaying of the anterior and posterior body surfaces to document the conditions there. Deep soft tissue injuries – particularly those in darkly pigmented subjects – may not be externally apparent and require extensive dissection to find and document any such subcutaneous soft tissue injuries. A complete, step-by-step photodocumentation of the anterior layered neck dissection and the posterior neck dissection is preferred. Similarly, inclusion of post-evisceration photography of the neck tissue block is ideal.

The higher neck structures (greater thyroid cornua and the hyoid) are not clearly visible in the existing photos.

The photodocumentation in the case is adequate but could be better, both in quality and quantity.

Many photos were taken in a forced “washed out mode” with the exposure adjustment up to +1.7 stops. These photos were purposefully changed, as the metadata indicates some were taken with no exposure bias change.¹⁹

The autopsy examination time reported is discordant with the photo metadata, as the report indicates a start time of 1000 hours²⁰ while the photos of the body were taken at varying times on 3/26/2019²¹

0643-0645 hours (#2-11)

0744-0757 hours (#12-100)

1040-1058 hours (#108-117)

1147-1157 hours (#120-126)

1235-1248 hours (#127-134)

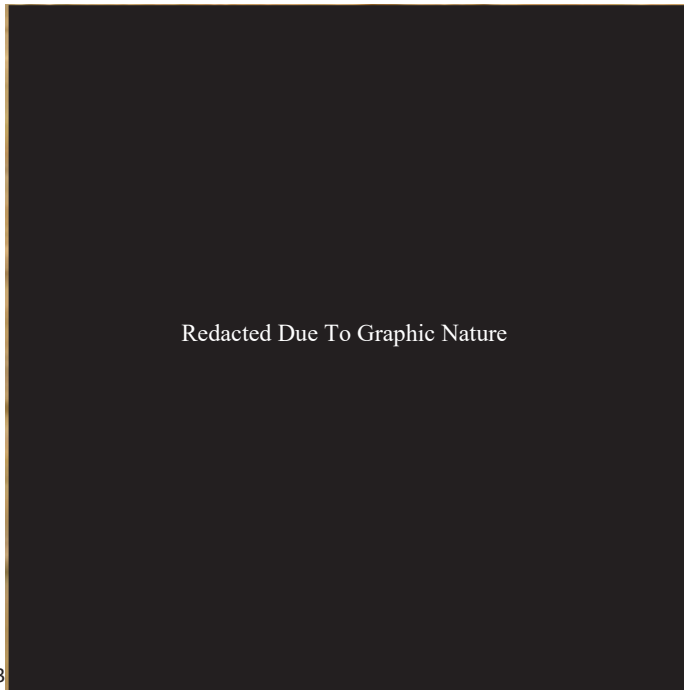
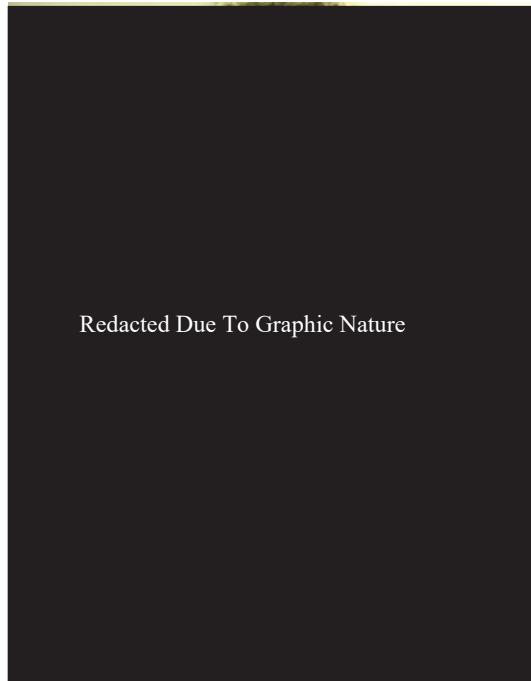
1334-1350 hours (#135-142)

The left superolateral neck appears to have a possible small abrasion.

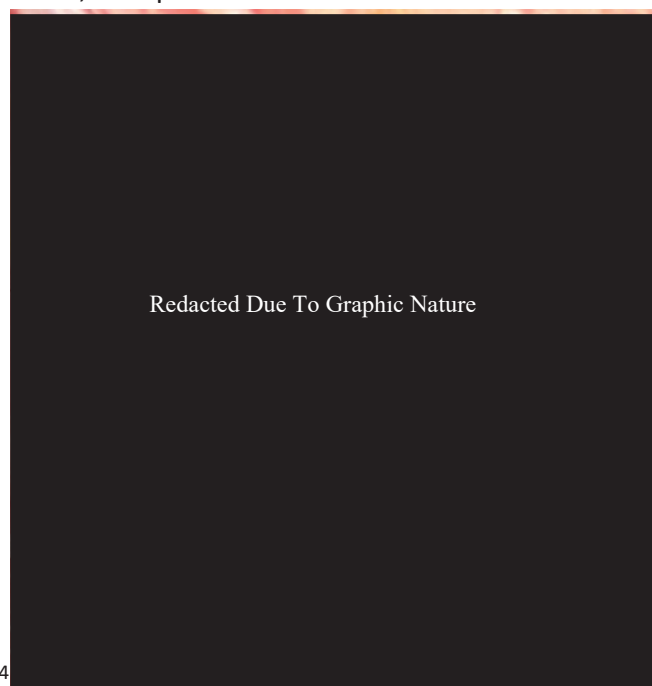
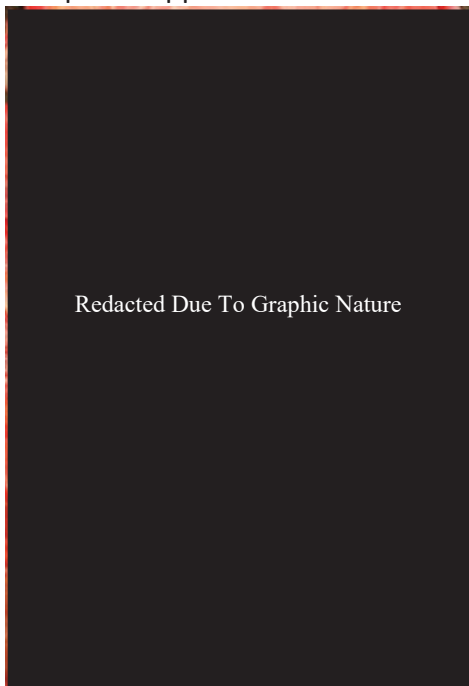
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An additional indeterminate finding is photodocumented on the left posterolateral mandible.



At least one photo appears to document additional, unreported blood in the neck musculature.



2. Documentation of the medicolegal death investigation investigative data is sparse and lacking clear enumeration of the data considered in formulating an opinion regarding cause and manner of death. It is unclear if the video evidence was viewed and to what (if any) extent these were considered in formulating the opinions expressed.

The circumstances documented in the medical examiner investigation²⁵ indicated that the subject

...was found hiding in a freezer at a store.... [He] didn't resist arrest initially but got more paranoid and agitated in the police car and at the Obion County Jail. The victim had to be restrained and was held on the floor with an officer lying across

him until he stopped resisting. The officers picked the victim up and he was unresponsive and called 911.... [D]eath was pronounced at 0252 hours....

The autopsy summarized the circumstances:

While in custody, the decedent ... [was] subdued by two male officers. He was placed in a holding cell and was found unresponsive shortly after.²⁶

The case summary further opined that

Based on the autopsy findings, reported circumstances, toxicology results and available investigative information, death was caused by excited delirium due to methamphetamine toxicity. Reports of the death scene investigation, circumstances surrounding and leading up to the death, and autopsy findings indicate the manner of death to be accident.²⁷

The assignment of cause and manner of death are medical opinions intended to convey the mechanism (cause) and circumstances (manner) surrounding death.

...[T]he mechanism of death[is] the physiologic and/or biochemical process by which the death came about.²⁸

Proper death certification begins with a fundamental understanding of cause and manner of death. The cause of death is the injury, disease, or combination of the two that initiates a train of physiological disturbances that, no matter how brief or prolonged, resulted in the fatal termination of an individual's life.... The immediate cause of death is the disease or injury present at the time of death that caused the person's death. The proximate cause of death is the original natural disease process, injury, or event that led to a string of unbroken train of events over an unlimited time that eventually led to the individual's death. The manner of death refers to the fashion in which the cause of death arose, and can be listed as natural, accident, suicide, or homicide.... [or] undetermined. The cause of death statement and the designation of the manner of death are opinions generated based on the total case investigation with careful synthesis and analysis of the available information.²⁹

The Pathologist must be cautious in over-interpretation of evidence and substituting opinion for fact for danger of Pygmalion effect. In cases where manner of death is questioned, all the case circumstances should be considered and not just the fatal mechanism, since different manners of death may present with identical anatomic findings.

The word accident ... is commonly represented as "an event occurring by chance or from unknown causes, ... especially one resulting in loss or injury"....³⁰

The term homicide commonly means "the killing of one human being by another" and encompasses every mode of violent death by which one person's life is taken by another. It has been legally defined as "the destruction of human life by the act, agency, procurement or culpable omission of some other person or persons." Homicide can result from either an act or the failure to perform an act. When the designation "homicide" is made, it does not necessarily mean that "murder" has been committed.... The medical examiner definition of homicide is simply that a person (or persons) killed another person.... The certification of a death as a homicide is purely a medical diagnosis.³¹

In the context of this case, "intent" is irrelevant in determining a manner as homicide.. If the act(s) of (an)other(s) contributed to causing the death, the manner is properly designated as homicide – regardless of the relative amount of such contribution. "But for"

the act(s), the subject would not have died at that moment in time. Deference is given to the most unnatural element in assigning manner of death.³²

*... [T]he fact that a police officer was applying force to the man's back and another was applying a choke hold, cannot and should not be ignored and it is reasonable to conclude that the forcible restraint contributed to this man's death.*³³

*If, in the forensic pathologist's opinion, any of the procedures/maneuvers involved in the restraint of the individual contributed to death, then the actions of another person or persons contributed to death, and an appropriate manner of death ruling is "homicide."*³⁴

*... [T]he "cause of death" section wherein a man was forcibly restrained by police officers, if the restraint is considered contributory to death, even if underlying cocaine-induced excited delirium is considered the major factor in death, it is appropriate to rule such a death a "homicide."*³⁵

There appears to have been minimal, if any, contemporaneous effort made to correlate scene circumstances and history with anatomic findings at autopsy.

In this case, critical import appears completely mis-assigned to the body, rather than the scene and to evidence evaluation, where the focus should have been.

*...[V]irtually every death investigation begins at the scene of the death, not in the laboratory. The scene and the circumstances found there are essential elements to the accuracy of the death investigation process. Without the information and evidence found at the death scene and in the story accompanying the death, the forensic pathologist is left with a dead body and perhaps little else.*³⁶

*In cases such as these, it is imperative that forensic pathologists are provided with all available information regarding the death, including witness statements, videotapes of the incident, detailed time lines of what happened and when it happened, etc.*³⁷

The timeline of behavior and outcome is clearly documented in the multiple case videos. The subject exhibited paranoid behavior and was alive. Minutes later, following the start of and during the uninterrupted continuation of restraint involving two officers – one of whom grabbed the subject's neck and one of whom stood on the subject's lower body – the subject died. The unresponsive subject received no immediate medical attention, which assured the subsequent outcome. Any opportunity to revive the subject was lost, since ideally trained medical help would have already been summoned prior to the fatal events, however, the second chance to summon medical aide was lost when no assistance was sought when the subject became limp following the restraint activities.

Since professionals recognize that death investigation clearly begins with the incident scene, there are national guidelines for how a scene investigation should be conducted.³⁸

*The importance of a skilled investigation of the scene of death cannot be overestimated. Crucial information such as subject behavior, drug use history, a history or presence of psychosis, or the presence of hyperthermia, can facilitate the determination of whether the clinical features of ExDS [excited delirium syndrome] were present.*³⁹

In summary, many factors need to be considered that either alone or in combination may lead to the death of a person either during or, more commonly, shortly after a violent struggle. These factors include drug toxicity, the physiologic effects of stress, mechanical, positional, or other forms of asphyxia ("restraint asphyxia"), trauma, natural disease, and occasionally psychiatric illness. Every situation is unique, and classification depends on a thorough investigation that

*includes a detailed, complete autopsy and toxicology. Depending on the circumstances of the case, the death may be attributed to the effects of asphyxia, drug toxicity, natural disease, or another factor. However, most of the time, the situation is more complex, involving different factors in combination, and the challenge lies in identifying which factors are significant and how they cumulatively resulted in the death of an individual.*⁴⁰

The well-documented association between the entity of excited delirium (also called Excited Delirium Syndrome or ExDS/EDS) and sudden death in custody seems to have been applied to establish a cause of death opinion in this case without a sufficient foundation. The totality of this subject's death investigation findings lacks sufficient data to reasonably make a diagnosis of excited delirium, let alone reach a final conclusion of EDS as the cause of death.

The American Psychiatric Association's Diagnostic and Statistical Manual of Mental Disorders, fifth edition (DSM-5) lists five key features that characterize delirium:

- Disturbance in attention (reduced ability to direct, focus, sustain, and shift attention) and awareness.*
- The disturbance develops over a short period of time (usually hours to days), represents a change from baseline, and tends to fluctuate during the course of the day.*
- An additional disturbance in cognition (memory deficit, disorientation, language, visuospatial ability, or perception).*
- The disturbances are not better explained by another preexisting, evolving, or established neurocognitive disorder, and do not occur in the context of a severely reduced level of arousal, such as coma.*
- There is evidence from the history, physical examination, or laboratory findings that the disturbance is caused by a medical condition, substance intoxication or withdrawal, or medication side effect.*⁴¹

While some of these features of delirium (not the subtype *excited* delirium) may have been present, the final criterion is not fulfilled in that no medical history, physical, or laboratory examination was conducted prior to death.

The subject lacked documented evidence of autonomic nervous system overload.

*... [D]elirium is a special type of confusional state characterized by increased vigilance, with psychomotor and autonomic overactivity; the delirious patient displays agitation, excitement, tremulousness, hallucinations, fantasies, and delusions.*⁴²

The subject lacked hyperthermia and unusual strength. The subject appears to better fit the criteria of acute confusional state," as his only major observable behavioral change is paranoia.

The term "acute confusional state" refers to an acute state of altered consciousness characterized by disordered attention along with diminished speed, clarity, and coherence of thought.⁴³

*Excited delirium is a distinct disorder and is characterized by the acute onset of violent and bizarre behavior such as incoherent shouting, paranoia, combativeness, hyperactivity, aggression, and the demonstration of extreme strength that is quickly followed by sudden death.*⁴⁴

*"Excited delirium" ... [is] characterized by hyperthermia, superhuman strength, agitation, paranoia, delirium, and often sudden death. Many in-custody deaths have excited delirium as a major contributing factor.*⁴⁵

The hallmarks of EDS are bizarre behavior and adrenergic overload.

*...[D]elirium [is] characterized by autonomic nervous system activation (tachycardia, sweating, flushing, dilated pupils)*⁴⁶

*...[D]elirium is a special type of confusional state characterized by increased vigilance, with psychomotor and autonomic overactivity; the delirious patient displays agitation, excitement, tremulousness, hallucinations, fantasies, and delusions.*⁴⁷

*Victims of excited delirium are in an extremely heightened emotional state exhibiting marked paranoia and mounting irrational fear.*⁴⁸

*The clinical picture is one of an agitated and delirious state with autonomic dysregulation. It manifests through sympathetic hyper-arousal with frequent hyperthermia, vital sign abnormalities, and metabolic acidosis. For some, the clinical syndrome progresses to death.*⁴⁹

*These subjects are hyperaggressive with bizarre behavior, and are impervious to pain, combative, hyperthermic and tachycardic. There is typically a struggle with law enforcement that involves physical [force]....*⁵⁰

*...[E]xcited delirium, [is] a condition of acute agitated delirium and adrenergic excess....*⁵¹

*... [Typical EDS cases have] a body temperature of around 104 degrees Fahrenheit and a heart weight of 405 grams. Many victims have rectal temperatures higher than 104 degrees Fahrenheit. Rhabdomyolysis may develop, and it is believed that hyperthermia and hyperactivity have important roles in its development.*⁵²

*The condition is characterized by agitation, hyperthermia (elevated body temperature), increased blood pressure, heart rate, and respiration, superhuman strength, paranoia, and various other psychiatric disturbances.*⁵³

Although a repeated and important indicator of excited delirium, documented hyperthermia is *absent* here. In cases where hyperthermia actually does exist (again not the case here), a medical differential diagnosis process is invoked, indicating the dynamic process of medicolegal death investigation.

*The differential diagnosis of such a hyperthermic condition includes environmental heatstroke and malignant hyperthermia. The diagnosis of heatstroke will usually be apparent from the environmental circumstances surrounding the death.*⁵⁴

Significantly, the subject's behaviors are well documented and primarily limited to paranoid and confused behavior. The contemporaneously documented case data do not support a diagnosis of *Excited Delirium*. In fact, the unusual behaviors reported are limited and lack most of the key features reported in *Excited Delirium*.

*To appropriately address these issues, as in any death investigation, detailed descriptions of the decedent and others involved in the incident are essential. A second-by-second account of the incident including the locations, actions, and effects of the actions of each of the participants is critical to properly evaluating the incident. Evidence of consciousness and volitional activity of the decedent following the release of any restraint hold or removal of weight from the chest is important to ascertain.*⁵⁵

*...[R]espiratory muscle fatigue resulting from exertion and struggle against restraints (exertion vs. position asphyxia) cannot be excluded....*⁵⁶

The investigative and video evidence in this case is compelling. The subject initiated contact with law enforcement with a 911 call to which officers responded.⁵⁷

The investigative information⁵⁸ documented unusual behavior on the subject's part prior to and following his being taken into custody. This included his presence in the freezer, actions, statements, and other behaviors. Throughout the subsequent interactions, the subject repeatedly displayed unusual behaviors which would be reasonably concerning for mental aberration. At one point, the officer(s) indicated that the subject might benefit from medical evaluation.⁵⁹ If EDS were present, it is well-established as a medical emergency and should have triggered a mandated medical workup.

*ExDS is a unique syndrome which may be identified by the presence of a distinctive group of clinical and behavioral characteristics that can be recognized in the pre-mortem state. ExDS, while potentially fatal, may be amenable to early therapeutic intervention....*⁶⁰

Behaviors typical in EDS cases are such that law enforcement officers should recognize and appropriately respond to cases.

*...[T]he possibility of resultant sudden death renders it a medical emergency, requiring immediate attention. This necessitates a coordinated response among the criminal justice and medical communities.*⁶¹

*It is important for LEOs to recognize that ExDS subjects are persons with an acute, potentially life-threatening medical condition.*⁶²

*Some of the goals of LEOs in these situations should be to 1) recognize possible ExDS, contain the subject, and call for EMS; 2) take the subject into custody quickly, safely, and efficiently if necessary; and 3) then immediately turn the care of the subject over to EMS personnel when they arrive for treatment and transport to definitive medical care. LEOs should be trained to recognize and manage subjects with ExDS.*⁶³

Several law enforcement training issues have been identified regarding EDS cases.

- *Law enforcement officers [should] receive regular training in the use of authorized restraint tools to maintain an appropriate skill level;*
- *... [use] the least restrictive means of bringing the subject under control in the shortest period...;*
- *Individuals subject to restraint be moved from a prone handcuffing position to a sidelying or seated position as soon as possible;*
- *Law enforcement officers be cognizant of the potential for injury due to the use of restraints;*
- *Individuals displaying AHS symptoms are at risk of sudden death and such persons who must be restrained by any method should be considered as a medical emergency; vital signs must be closely monitored while awaiting medical care; and EHS should be called to the scene immediately, if possible before restraints are applied*⁶⁴

The officer visibly engages with the subject with his hands both visible at the subject's neck area over a period of at least ~4 minutes, 30 seconds. During this time, the subject remains visibly without self-motion on camera for at least ~60 seconds during the interaction with the officer, until he is dragged away from the wall and towards the restraint chair.⁶⁵



This occurred while another officer was positioned at the subject's lower body, as confirmed by the Officer in question (Osborne) in his interview with TBI wherein he acknowledged standing on the subject's lower body. This is visually confirmed during this portion of the video.



The subject remains visibly without self-motion on camera from transfer from the floor to and positioned in the restraint chair in the hallway for at least ~6 minutes, 30 seconds. The subject remains visibly without self-motion on camera seated in the restraint chair and transport to the hallway for at least ~20 minutes.^{66,67}





During the course of the videos, the subject can be seen with apparent pulmonary edema fluid emanating from his airway. This is consistent with sudden death, specifically including those from asphyxia.

3. **The immediate cause of the subject's death was asphyxiation, involving neck compression (manually compromising the neck vasculature structures) combined with the physical interaction with another individual, resulting in increased autonomic nervous system stimulation.**

The mechanism by which this death occurred was asphyxiation (oxygen deprivation to the brain) compounded by an autonomic nervous system overload.

The manner of death was homicide.

Although horizontal restraint (supine) was present here, that feature in and of itself did not cause death.

The subject sustained significant neck trauma with significant bleeding into the muscle layers within the neck, near the airway. Additional reported physical stigmata of asphyxiation by strangulation (including conjunctival and mucosal petechial bleeds) were absent, as is not uncommon in strangulation case.

Asphyxiation is a broad term indicating a lack of sufficient oxygen delivery to sustain life. There are several categories of asphyxia, depending upon how the brain's oxygen delivery/use is interrupted. Circulatory collapse resulting in failed delivery of sufficient oxygenated blood (via the carotid arteries) occurs in fatal strangulation. In this case, manual neck compression resulted in asphyxiation by carotid body stimulation and vascular compression with the net result of lack of sufficient oxygenated blood flowing to the brain. Such deaths are commonly encountered in Forensic Pathology practice and the mechanisms involved are well understood. Deaths involving strangulation, as in this case, are typically of a neurovascular (blood supply – vessels and baroreceptors) phenomenon and not an airway issue. Such deaths involve compression of the superficial blood vessels in the (jugular vein and carotid artery) neck which provide blood circulation to the brain.

*The carotid arteries, by virtue of their location, are easily compressed by direct pressure to the front of the neck. In contrast, the vertebral arteries are resistant to direct pressure....*⁶⁸

*Jugular veins and carotid arteries are more prone to occlusion by neck compression than the more deeply located vertebral arteries.*⁶⁹

*Occlusion of the vertebral arteries by neck compression seems virtually impossible despite some claims to the contrary.*⁷⁰

Such instances can leave minimal to negligible anatomic evidence of trauma, as in this case.

The video⁷¹ documents the officer gripping the subject's neck area/underside of the chin for an extended period of time. This compression can easily result in vascular compromise with as little as five pounds of pressure to compromise the jugular vein and complete cessation of arterial blood supply via the carotid artery with some six additional pounds of pressure (eleven pounds total).

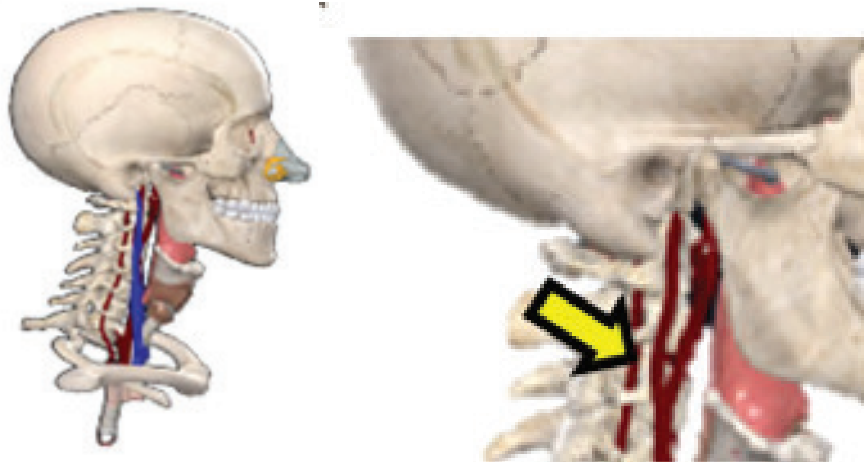
*The amount of force required to compress neck structures has been determined experimentally: jugular vein, 2 kg (4.5 lb); carotid artery, 5 kg (11 lb); trachea, 9 kg (20 lb); and vertebral artery, 30 kg (66 lb).*⁷²

Here, the pressure to the anterolateral sides of the subject's neck compromised the corresponding subjacent jugular veins and carotid arteries as these lie close to the skin surface.



*Compression of the neck causes vascular constriction. Narrowing of the carotid and vertebral arteries decreases flow of oxygenated blood to the brain; compression of the jugular veins diminishes flow of carbon dioxide and waste metabolites from the brain (stagnant hypoxia).*⁷⁴

*Occlusion of the neck veins... is almost solely responsible for the appearance of the 'classic' signs of congestion, cyanosis, oedema and petechiae above the line of constriction. The external jugular system is most vulnerable, but any significant pressure encircling the neck will also obliterate the lumen of the internal jugular system, causing a rapid rise in venous pressure in the head, especially if the carotid arteries are still patent....*⁷⁵



...[F]ive or six pounds of pressure per square inch suffice to occlude the carotid arteries and jugular veins. Thirty-two pounds are required to block the airway.⁴⁹ The amount of pressure necessary to occlude the carotid arteries is approximately 11 lb; for the vertebral arteries it is 66 lb.⁷⁶

The pressure necessary to compress and totally occlude the jugular veins is said to be around 4–5 pounds, compared to about 9–11 pounds for the carotid arteries, around 33 pounds for the trachea, and about 66 pounds for the vertebral arteries.⁷⁷

The amount of force required to compress neck structures has been determined experimentally: jugular vein, 2 kg (4.5 lb); carotid artery, 5 kg (11 lb); trachea, 9 kg (20 lb); and vertebral artery, 30 kg (66 lb).⁷⁸

The following weights have been observed to compress or damage neck structures: Jugular vein 2 kg (4.4 lb) Carotid artery 2.5 to 10 kg (5.5 to 22 lb) Airway (level of thyrohyoid membrane) 10 kg (22 lb) Trachea 15 kg (33 lb) Vertebral artery 8.2 to 30 kg (18 to 66 lb) Fractures: Thyroid cartilage lamina 14.3 kg (31.5 lb) Cricoid cartilage 18.8 kg (41 lb)⁷⁹

Studies of fresh human larynges show that thyroid and cricoid cartilage fractures occur with the application of static forces averaging 15.8 and 20.8 kg (34.8 and 45.8 lb), respectively. Dynamic forces (velocities up to 11 mph or 18 km/h) cause fractures at forces averaging 30% more. Imminent structural collapse and severe fatal airway compromise occurred when the force averaged 55 kg (121 lb).⁸⁰

...the strong cartilages of the larynx will resist all but the most extreme compression. ... [T]he force needed to close the trachea was of the order 15 kg, far more than that required to occlude the blood vessels.⁸¹

The formation of petechial bleeds requires an at least temporarily functional circulatory system.

Cephalic petechiae imply incomplete or intermittent neck compression. Their absence, in the context of neck compression, means complete reduction of arterial and venous blood flow to the head.... [C]arotid sinus stimulation by neck compression leads to sudden death from vagal-induced cardiac arrest. In this scenario, cephalic petechiae are absent.⁸²

Loss of consciousness follows shortly after cessation of carotid artery blood flow.

Experimental studies and witnessed (sometimes videotaped) events of neck compression (hanging and strangulation) indicate very rapid loss of consciousness after carotid artery compression.⁸³

Physiologically, the stress from the physical altercation would have impacted the subject's response and his potential survivability. Stress is cumulative in that a physically taxing state (such as with a physical altercation) physiologically results in higher oxygen consumption with exertion and simultaneously higher oxygen need.

The pathogenesis of excited delirium deaths is likely multifactorial and includes positional asphyxia, hyperthermia, drug toxicity, and/or catecholamine-induced fatal arrhythmias. ...[T]hese deaths are secondary to stress cardiomyopathy.... This syndrome develops secondary to the toxic effects of high levels of catecholamines on either cardiac myocytes or on the coronary microvasculature.⁸⁴

Other factors may contribute to restraint-related death in people with excited delirium....⁸⁵

...[T]he greater oxygen requirement of people with excited delirium predisposes them to rapid anoxic death if they are restrained.⁸⁶

Since subjects with excited delirium require increased oxygen consumption, and since restraints may limit respiratory movements, ... restraints in people with excited delirium predispose the subjects to rapid anoxic death by positional asphyxia.⁸⁷

My above stated opinions are based on my review of the case materials, relevant literature, my medical training, and my 30+ years in forensic medical practice.

I hold my opinions in this case to a reasonable degree of medical and scientific certainty.

My opinions may be further supplemented by additional activities not yet completed in this matter, including but not limited to direct examination of material(s) from the case including but not necessarily limited to autopsy materials, scene materials, additional medical records of the decedent, case photographs and/or video, other studies & materials, testimony, investigative report(s), relevant literature, and other case data.

B. Facts or data considered in forming the above opinions:

In addition to my background, training, education, and experience, the above opinions are based upon facts and data contained within the following materials received for review in this case:

1. Higgins autopsy
 - a. Autopsy report
 - b. ME report
 - c. Photos (144 files)
2. Osborne discovery responses
 - a. Employment file
 - b. Higgins autopsy & toxicology
 - c. Higgins incident report
 - d. Responses to discovery requests
3. Defendant's discovery responses
 - a. Brogglin
 - b. Obion County
 - c. Obion County to entity's def.
 - d. Sanford
 - e. Spaulding
4. Defendants' documents produced
 - a. Employment files
 - 1) Brogglin
 - 2) Sanford
 - 3) Spaulding
 - b. Policies and procedures
 - 1) Contingency plans
 - 2) Jail policy
 - c. Training materials
 - 1) All training materials
 - 2) Brogglin & Spaulding 2019 training
 - 3) Brogglin training history
 - 4) Sanford training history
 - 5) Spaulding training history
 - d. 1 Obion County Inspections
 - e. Floor plan
 - f. Public records request 1
 - g. Use of force incident reports
5. Higgins
 - a. Documents: Higgins autopsy
 - b. TBI Investigative file
 - c. Pleadings: First amended complaint
 - d. Videos – edited
 - 1) Close up of officer restraining sterling Higgins
 - 2) Close up of Higgins being transferred to restraint chair
 - 3) Slow motion of Higgins being transferred to restraint chair
 - e. Videos – original
 - 1) 1 – arriving at jail – outside

- 2) 2 – sally port
- 3) 3 – hallway showing restraint, transfer to restraint chair, placement in cell, & medical response
- 4) 4 – hallway showing restraint, transfer to restraint chair, placement in cell, & medical response
- 5) 5 – cell
- 6) 6 – outside – arrival of medical personnel
- 7) Officer body cams
 - a) a – Pocket’s market
 - b) b – Pocket’s market
 - c) c – Pocket’s market
 - d) d – Pocket’s market
 - e) e – Pocket’s market
 - f) f – Pocket’s market
- 6. Conor McCourt Video materials
 - a. Enhancements
 - b. Extracted video still images
- 7. Depositions
 - a. Jail Officers
 - 1) Spaulding
 - 2) Brogglin
 - 3) Sanford
 - 4) Travis
 - b. Union City Police
 - 1) Officer Orsborne
 - 2) Sergeant Simmons

C. Fee Schedule

See attached.

D. Prior testimony

See attached.

E. References

See attached.



J.C. Upshaw Downs, M.D.
ABP-AP/CP/FP, FCAP, FASCP
F-AAFS, F-NAME, D-ABMDI

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- ² Autopsy report #2019-0508 WTRFC
- ³ Photo 719file128
- ⁴ Autopsy report #2019-0508 WTRFC
- ⁵ Photo 719file53
- ⁶ Photo 719file56
- ⁷ Photo 719file55
- ⁸ Photo 719file59
- ⁹ Autopsy report #2019-0508 WTRFC
- ¹⁰ Autopsy report #2019-0508 WTRFC
- ¹¹ Autopsy report #2019-0508 WTRFC
- ¹² Autopsy report #2019-0508 WTRFC
- ¹³ Autopsy report #2019-0508 WTRFC
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- ⁴¹ *Diagnosis of delirium and confusional states - UpToDate*
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BIOGRAPHY

29 September 2020

James Claude Upshaw ("Jamie") Downs MD (ABP-AP/CP/FP, F-CAP, F-ASCP, F-AAFS, F-NAME, D-ABMDI) has been a Medicolegal Consultant & practicing Forensic Pathologist/Medical Examiner for over 31 years. His medical practice includes serving as the Medical Director of the Physician Assistant Program at Charleston Southern University. Dr. Downs also serves as Associate Medical Examiner for Gwinnett County Georgia. His service work includes the Cold Case foundation, examining unresolved complex cases. He routinely consults in clinical and postmortem cases, including those involving traumatic force & the vulnerable. Dr. Downs was Director of the Alabama Department of Forensic Sciences, leading Alabama's statewide forensic laboratory system while also serving as the state's first Chief Medical Examiner. Downs was graduated from the University of Georgia (*magna cum laude* & *Phi Beta Kappa*). He received his Doctor of Medicine degree, Medical Residency training in Anatomic & Clinical Pathology, & Fellowship in Forensic Pathology from the Medical University of South Carolina (in his hometown of Charleston). The latter included a rotation at the Metropolitan Dade County Florida (Miami) Medical Examiner Department. Dr. Downs completed Peace Officers Standards & Training at the Southwest Alabama Police Academy, receiving distinction as class president, top academic student, & best defensive driver. Downs has been a Medical Examiner for Charleston County South Carolina/the Medical University of South Carolina, the state of Alabama, & the Georgia Bureau of Investigation. He completed an internship at the Behavioral Sciences Unit, FBI Academy in Quantico, Virginia & was named as a Consultant for the FBI Behavioral Sciences Unit, for whom he authored "the Forensic Investigator's Trauma Atlas." Downs was senior editor & author for "Ethics in Forensic Science" – the preeminent treatise on the subject. He has appeared in numerous national television broadcasts (multiple televised trials, *Secrets of the Morgue*, National Geographic, C-SPAN, *The New Detectives: Case Studies in Forensic Science*, *Forensic Files*, *Street Stories*, *Dateline*, & *48 Hours*) & consulted on forensic movies, television (*Rosewood*), & books (including best-selling author Patricia Cornwell). Significant cases have included the Georgia tristate Crematory case (where he personally identified over 330 sets of decomposed remains) & the *H.L. Hunley* autopsies (the first successful combat submarine in world history). Dr. Downs was the Pathologist on South Carolina's first ever capital murder DNA trial. His professional activities have included service on numerous professional boards & committees. For over a decade, Dr. Downs taught Forensic Autopsy Pathology for the Mercer University School of Medicine & South University (Savannah), the latter for whom he also taught the Clinical Pathology course. Downs also serves as a Clinical Laboratory Director. He is widely regarded for his ability to convey complex medicolegal findings & concepts, via both testimony & courtroom illustrations. Dr. Downs has worked extensively on national forensic political issues, including directly with former US Senator & US Attorney General Jeff Sessions to create & pass the *Paul Coverdell Forensic Science Improvement Act*. At the then Senator's request, Downs testified in support of the bill before Congress. He testified (twice) before the US National Academy of Sciences Committee on Science, Technology, & the Law's Forensic Science Committee regarding medicolegal death investigation & forensics in what became their groundbreaking report: *Strengthening Forensic Science in the United States: A Path Forward* (2009) & before the National Commission on Forensic Science. Dr. Downs has lectured hundreds of times & has presented at numerous national & international meetings in the fields of Forensic Pathology & scene interpretation/reconstruction, including at the National Forensic Academy & at the FBI's National Academy. His audiences have included law enforcement, social services, attorneys (prosecution & defense), judges, university undergraduate & pre-professional students, medical personnel, & graduate medical audiences. His areas of special interest include ethics, asphyxiation, child/elder abuse/neglect, the vulnerable, & police use of force. He has testified hundreds of times, including before state & federal courts, the US Military Justice system, committees of both the US Senate & House of Representatives, & the National Commission on Forensic Sciences. He has been qualified as an expert in numerous areas, including forensic pathology & scene reconstruction.

1 Diamond Causeway, Suite 21 - 299, Savannah, Georgia 31406

CURRICULUM VITAE

29 September 2020

NAME: James Claude Upshaw "Jamie" Downs, M.D.

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forensX@comcast.net

EDUCATION:

1966-1979 Elementary - High School	Porter-Gaud School Charleston, South Carolina
1979-1983 Bachelor of Science	University of Georgia Athens, Georgia <i>Biochemistry (major)/French (minor)</i> <i>(magna cum laude, Phi Beta Kappa)</i>
1983-1988 Doctor of Medicine	Medical University of South Carolina Charleston, South Carolina
1988-1991 Anatomic Pathology (Residency)	Medical University of South Carolina Charleston, South Carolina
1991-1992 Forensic Pathology (Fellowship)	Medical University of South Carolina Charleston, South Carolina <i>(Metro Dade Medical Examiner Department)</i> <i>Miami, Florida, March, 1992)</i>
1992-1994 Clinical Pathology (Residency)	Medical University of South Carolina Charleston, South Carolina
1992 Working Internship	Behavioral Science Unit <i>(Overkill - behavioral analysis)</i> FBI Academy, Quantico, VA
1996 Peace Officer Standards and Training (POST) certification	Southwest Alabama Police Academy Class 123 Bay Minette, Alabama
2016-2017	Education for Ministry St. Thomas Episcopal Church Isle of Hope, Georgia (University of the South, Sewanee, Tennessee)

SPECIALTY CERTIFICATION:

National Board of Medical Examiners – 1991

American Board of Pathology

Anatomic Pathology – 1994

Clinical Pathology – 1994

Forensic Pathology – 1995

OTHER:

ABMDI-D (American Board of Medicolegal Investigators) – 2014

POST (Peace Officer Standards & Training) – 1996

MEDICAL LICENSURE:

South Carolina #15063

Alabama #17880

Georgia #051874

MAJOR PROJECTS:

State of Alabama - Forensic Science Bond issue (1998-2002)

\$17.5 million bond issue for the construction of two new forensics laboratories

Birmingham – \$10 million facility

Montgomery – \$7.5 million facility

Planning and site selection

State of Alabama – Forensic Science Annex

Planning and construction of annex to State Crime Lab section

Statewide DNA Database laboratory

Forensic Biology laboratory

Medical Examiner Administrative space

Conference facility

State of Alabama – Implied Consent (Breath Analysis Program)

Planning and construction statewide service facility

State of Alabama – Crime Laboratory Certification (ASCLD/LAB)

Planning & implementation of accreditation state-wide process

Preparatory pre-inspection process (through NFSTC)

State of Georgia – Coastal Regional Medical Examiner Office

Final design/implementation and staffing new combined use laboratory

Medical Examiner and Administrative Offices

Toxicology Laboratory and Administrative Offices

Conference facility

State of Georgia – Medical Examiner Statewide Accreditation

Preparatory phase consultation

Pre-inspection Operations Manual preparation

Operational timeline

Pre-accreditation facilities/operations documentation

State of Georgia – Operation Noble Cause (“Tri-State Crematory incident”)

Final identification multiple (>330) variably decomposed/skeletonized remains

State of South Carolina – *H.L. Hunley* Project (135 year-old scene)
Sole Forensic Pathologist consultant
Examination/processing eight sets co-mingled remains (historical context)
Assemble/coordinate interdisciplinary forensic/archeology expert team
Research consultant to Patricia Cornwell (author)
National Academies of Science
Identifying the Needs of the Forensic Science Community
Views of Major Forensic Science Organizations:
Issues & Challenges - NAME (1/25/07)
Medical Examiner/Coroner System – NAME (6/5/07)
Medical Examiner Forensic Training
("Crime Lab 101 for Forensic Pathology Fellows")
National Forensic Science Technology Center, Largo, Florida, 10/13-17/08
Curriculum planning & development
Instructor – Courtroom Testimony
Medicolegal Death Investigation Training Program
(Forensic Pathology Fellows & Medicolegal Death Investigators)
National Forensic Science Technology Center, Largo, FL, 2010-2011 (4 sessions)
Curriculum planning & development
Instructor – Applied Toxicology & Medicolegal Improving Death
Standards and Protocols Interagency Working Group
Investigation Systems Advisory Member (2010-2011)
National Science and Technology Council, Subcommittee on Forensic Science
Reports & Testimony Subcommittee
Executive Office of the President of the United States
Grant Reviewer
National Institute of Justice/Bureau of Justice Assistance
National Association of Medical Examiners – Annual Meeting 2007
Savannah, Georgia
Scientific Program & host
Harvard Associates in Police Science – Annual Meeting 2007
Savannah, Georgia
Scientific Program & host
Investigation for Identification – Annual Meeting 2012
Savannah, Georgia
Scientific Program & host
Vulnerable Victims: From Cradle to Cane – Medicolegal Seminar 2017
Charleston, SC
Scientific Program, Presenter, & host

PROFESSIONAL ORGANIZATIONS - MEMBERSHIP:

1990-1994	Lowcountry Pathology Society
1990-present	College of American Pathologists, Fellow
1991-present	National Association of Medical Examiners, Fellow
1992-present	American Society of Clinical Pathologists, Fellow
1993-present	American Academy of Forensic Sciences, Fellow
1994-2002	Alabama State Association of Forensic Sciences
1995-present	American Association for the Advancement of Science
1995-present	US and Canadian Academy of Pathology
1998-present	Harvard Associates of Police Science
1998-2000	International Wound Ballistics Association
1999-2002	Alabama Peace Officers' Association
1999-2016	Homicide Research Working Group
2000-2002	Alabama Chiefs of Police Association
2000-2002	American Society of Crime Lab Directors
2001-2002	Alabama State Employees Association
2001-present	American Association of Clinical Chemistry
2003-2017	International Association of Chiefs of Police Forensic Subcommittee
2003-2013	Consortium of Forensic Science Organizations Vice Chair 2007-2013
2011-present	Ray. E. Helfer Society <i>"A society of physicians dedicated to ending child maltreatment"</i>
2020-present	The Cold Case Foundation Consulting Forensic Pathologist

ADMINISTRATIVE APPOINTMENTS:

1992-present Consultant Forensic Pathologist, Forensic Examiners/forensX, LLC

1990-1994 Deputy Medical Examiner, Charleston County, South Carolina

1994-2002 State Medical Examiner
State of Alabama, Department of Forensic Sciences

1994-2002 Clinical Assistant Professor, Pathology, University of South Alabama

1994-1998 Morgue Safety Officer
Department of Forensic Sciences, Mobile, AL

1996 Chair, Citizens' Support Group for Forensic Sciences Study Committee

1996-1997 Supervisor, Autopsy Technicians
Department of Forensic Sciences, Mobile

1996-1997 Chief, Autopsy Service, Department of Forensic Sciences, Mobile, AL

1997-1998 Chief, Investigative Services, Department Forensic Sciences, Mobile, AL

1998-present Consultant, Behavioral Sciences Unit, FBI Academy, Quantico, Virginia

1998-2002 Director, State of Alabama, Department of Forensic Sciences

1998-present Visiting Instructor, National Forensic Academy, University of Tennessee

1998-2018 Board of Advisors, Law Enforcement Innovation Center, Univ. of Tenn.

2000-2002 Chief Medical Examiner, State of Alabama
Department of Forensic Sciences

2000-2005 Major, Civil Air Patrol, USAir Force Auxiliary, Legislative Wing

2000-present Forensic Pathology Consultant, C.S.S. *H.L. Hunley* Project,
The Hunley Commission, Charleston, South Carolina

2001-2007 Board of Directors, National Association of Medical Examiners

2002-2016 Coastal Regional Medical Examiner, Georgia Bureau of Investigation

2002-2012 Coastal Regional Death Investigation Section
Supervising Medical Examiner

2003-2017 Forensic Committee of the International Association of Chiefs of Police

2002-2003 Identification of all Remains - "Tri-Sate Crematory case"
Operation Noble Cause, Walker County, GA

2003-2017 Clinical Instructor - Anatomic & Clinical Pathology
Physician Assistant Program
South University, Savannah, Georgia

2003-2017 Clinical Instructor - Toxicology
Pharmacy Program, South University, Savannah, Georgia

2004 NIJ Technical Working Group for
Education & Training in Forensic Science

2007-2019 Advisory Council, American Board of Medicolegal Death Investigation

2007-2013 Board of Directors, National Forensic Science Technology Center

2009-present Medical/Investigational Advisory Board
Sudden Unexplained Death in Childhood Program

2009-2010 Clinical Instructor - Pathology
Mercer Univ. School of Medicine, Savannah

2009-2010 Steering Committee (Chair)
NIJ inaugural Forensic Death Investigation Symposium

2010 Keynote Address
NIJ inaugural Forensic Death Investigation Symposium

2010-2012 R.O.C.K. (Raising Our Children Kindly) Group Board
2010-2017 Clinical Assistant Professor, Pathology & Director, Autopsy Program
Mercer Univ. School of Medicine, Savannah
2011-2014 Board of Editors, Academic Forensic Pathology
(Journal of the National Association of Medical Examiners)
2013-2014 NIJ Forensics Training Task Force
2017-present Medical Director, Physician Assistant Program
Charleston Southern University, Charleston, South Carolina
2017-present Associate Medical Examiner, Gwinnett County, Georgia

American Academy of Forensic Sciences

2012-13 Pathology-Biology Program Chair
2013-14 Pathology-Biology Section Secretary
2014-15 Pathology-Biology Section Chair
2018 Plenary Session Co-Chair
2019 Plenary Session Chair

Other:

Educational Sessions – breakfast presenter
Educational Sessions – luncheon presenter
Workshops – coordinator & presenter
Session Moderator
Student Academy
(high school student introductory forensic training program)
Ethics Committee
Young Forensic Scientists Forum – seminar speaker
Forensic Science Foundation Board
Education Committee (chair)
Bring Your Own Slides (Co-moderator)

BIBLIOGRAPHY:

Downs JCU and Kerns J

Anatomy Dissection Manual (working title) (manuscript in planning)

Downs JCU

Medicolegal Forensic Investigator's Trauma Atlas (manuscript in preparation)

Downs JCU & Barsley R

Ethical issues in Forensic Science & Odontology
in *Forensic Odontology: Principles and Practice*

Thomas J. David, Jim Lewis, Academic Press

Capital Litigation Initiative: Crime Scene to Courtroom Forensics Training

Webinar 3: Forensic Pathology Essentials, Thursday, October 13, 2016

<http://www.ncstl.org/education/Capital-Litigation-2016-Webinar-3-Forensic-Pathology-Essentials>

The A-Z of Death and Dying Social, Medical, and Cultural Aspects

Michael Brennan, Editor

ABC-Clio, 2014

Coroner

Causes of Death

Death Certification

Downs JCU & Swienton A, Editors

Ethics in Forensic Science (2012) Elsevier Publishing

Willoughby W, Thompson E, & Downs JCU

Religion: The Forensic Practitioner's Quest for Truth

Downs JCU & Swienton A

Ethical Codes in Other Organizations – Authority & Enforcement

Stephens FE & Downs JCU

Ethics in Law Enforcement; Defining the Thin Blue Line

Bono J, Swienton A, & Downs JCU

Testimony

Downs JCU

Whistleblowers

Swienton A & Downs JCU

Media

Downs, JCU

Forensic Medicine

McGraw Hill Encyclopedia of Science & Technology, 2011

Downs JCU

Death Investigation

Crime Scene Investigation, Second Edition

Jacqueline T. Fish, Larry S. Miller, and Michael C. Braswell

The Encyclopedia of Death and the Human Experience

Bryant CD and Peck DL, Eds., Sage Publishing, 2009

Downs JCU

Homicide

Downs JCU

Sexual Homicide

Downs JCU

Medical Examiner

Lori Frasier L, Alexander R, Parrish R, & Downs JCU

Abusive Head Trauma in Infants and Children:

A Medical, Legal & Forensic Reference

GW Medical, 2007

Lori Frasier L, Alexander R, Parrish R, & Downs JCU

Abusive Head Trauma in Infants and Children:

A Medical, Legal & Forensic Reference – Supplementary CD-ROM

GW Medical, 2007

JCU Downs & Bill Harris

The Role of Coroners

In Alexander R & Case ME

Child Fatality Review - An Interdisciplinary Guide & Photographic Reference

GW Medical, 2007

Downs JCU

The Role of Medical Examiners in Law Enforcement

Police Chief Magazine, International Association of Chiefs of Police,

November 2007

Downs JCU

Carbon Monoxide Poisoning: Incidence and findings at post-mortem

The Encyclopedia of Forensic Medicine, 2004 & 2015

Downs JCU

Pattern Injuries

The Encyclopedia of Forensic Medicine, 2015

Downs JCU

Forensic Science Education and Mentorship: Our Path Forward

Pathology/Biology: The Mentor/Mentee Relationship

Academy News, American Academy of Forensic Sciences, May 2013

Withrow AG, Sikorsky J, Downs JCU, Fenger T

Extraction & Analysis of Human Nuclear & Mitochondrial DNA

from Electron Beam Irradiated Envelopes

Journal of Forensic Sciences 2003 Nov;48(6):1302-8

Downs JCU

The Autopsy

Handbook of Death & Dying, Bryant, C. Ed., Sage Press, 2003

Downs JCU

Medical Examiner/Coroner

Handbook of Death & Dying, Bryant, C. Ed., Sage Press, 2003

Downs JCU and Westveer A

Forensic Investigator's Trauma Atlas

Managing Death Investigation Volume II, FBI National Academy, U.S.

Department of Justice, FBI, Arthur E. Westveer, MLA, Ed., 2003

Cina SJ, Downs JCU and Conradi SE.

Hydrogen peroxide: A source of lethal oxygen embolism.

American Journal of Forensic Medicine and Pathology 15(1): 44-50, 1994.

Downs JCU, Nichols CA, Scala-Barnett D and Lifschultz BD.

Handling and Interpretation of Crossbow Injuries.

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Downs JCU

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Arthur E. Westveer, MLA, Ed., 1998 & 2002

Downs JCU

Asphyxiation in Managing Death Investigation

FBI National Academy, U.S. Department of Justice, FBI,

Arthur E. Westveer, MLA, Ed., 1998 & 2002

Downs JCU

Sharp Force Injury in Managing Death Investigation,

FBI National Academy, U.S. Department of Justice, FBI,

Arthur E. Westveer, MLA, Ed., 1998 & 2002

Downs JCU

Blunt Force Injury in Managing Death Investigation FBI National Academy,
U.S. Department of Justice, FBI,
Arthur E. Westveer, MLA, Ed., 1998 & 2002

Downs JCU

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Alumni Magazine of the Medical University of South Carolina, Nov 1999

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Downs JCU and Ostroff D.

Videography- A primer Alabama Coroners' Association Newsletter, Sept 2000

Titford M and Downs JCU

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Shaken Baby Syndrome - A primer
Alabama Coroners' Association Newsletter, 2001

Downs JCU

Forensic Improvement and Medical Examiners,
National Association of Medical Examiners News, Vol. 9, No. 4, August 2001

Downs JCU

The Paul Coverdell National Forensic Sciences Improvement Act,
The American Academy of Forensic Sciences Newsletter, Summer 2002

Cheng TC and Downs JCU.

Intracellular Acid Phosphatase and Lysozyme Levels
in Subpopulations of Oyster, Crassostrea virginica, Hemocytes
Journal of Invertebrate Pathology 52: 163-167, 1988.

LECTURES/SPEAKING:

Hundreds of invited presentations at local, regional, national, and international levels on the subjects of Medicolegal Death Investigation, Forensic Pathology, Child abuse/neglect Elder abuse/neglect, Forensic Investigation & the vulnerable, Police Use of Force, and Teamwork, to audiences ranging from pre-graduate to post-doctoral and active practitioner levels. Audiences have included law enforcement, social services, attorneys, judges, university undergraduate & pre-professional students, medical personnel (all levels), and graduate medical personnel.

He has testified in numerous state and federal courts, the Military Justice System, as well as before committees of both the United States Senate and the House of Representatives

AWARDS/SERVICE:

Presidential Iceberg Award, National Association of Medical Examiners, 2004

Thomas Park Food Pantry, Savannah, GA, 2006-present

Presidential STAR Award, National Association of Medical Examiners, 2007

Volunteer of the Year, R.O.C.K. (Raising Our Children Kindly) Group Board 2008

President's Award, National Association of Medical Examiners, 2010

Board Member of Year, R.O.C.K. (Raising Our Children Kindly) Group Board, 2011

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29 September 2020

Please see my attached case testimony listing.

This dates to approximately 2002, with most recent cases generally first.

This listing includes, to the best of my recollection, all my sworn testimony done in my private (consulting) cases. It does not include cases during my traditional employment for the government but does include cases that originated while serving in such capacity but where testimony occurred later.

J.C. Upshaw Downs, M.D.
ABP-AP/CP/FP, FCAP, FASCP
F-AAFS, F-NAME, D-ABMDI

PRIOR PRIVATE CASE TESTIMONY – J.C. Upshaw Downs, MD (Deposition and Trial)

Case	POC	Address	Type	
United States v Ethan Tucker	LCDR Bryan D. Tiley Trial Services Branch Chief	Legal Service Command, Alameda (LSC-LMJ) Coast Guard Island, Bld. 54A Alameda, CA, 94501	CR*	FP
Georgia V Tammy Poole	C. Ryan Lee, Esq	Lee & Ziegler, LLC 150 North Street, Suite M Canton, Georgia 30114	O* habeus	D
Giusto et al. v. International Pa	Righton J. Lewis Doug Grimsley Steven W. Zoffer	Butler Snow LLP, 1170 Peachtree ST NE, Ste 1900, Atlanta, GA Dickie, McCamey & Chilcote, P.C. Two PPG Place, Suite 400, Pittsburgh, PA 15222	CV^	D
Cox (Connell) v BRNCE	Christina Clements	3291 US Highway 280, Suite 200 Birmingham, AL 35243 205.251.1193	CV^	D
FL v Granville RITCHIE 15-CF-673-A 15-CF- 673-A	Jennifer Johnson, Esq. Chief, Sex Offender/Child Abuse Division Assistant State Attorney	State Attorney's Office 3th Judicial Circuit 4, 9 N. Pierce St. Tampa, Florida 33602 (813) 274-1424	CR^*	SP
Georgia v. Toby Wayne Archer	Keenan Parsons, Esq. Chief Assistant Circuit Defender	280 Constitution Boulevard, Room 1086 Dallas, GA 30132 770-443-3463	CR*	D
Brandy Porter v. St. Thomas Rutherford, Boerner	Phyllis Gillespie, Esq	Gary, Williams, Parenti, Watson, & Gary 221 SE Osceola Street Stuart, Florida 34994	CV^	P
Georgia v. Kevin Bentley	Matthew Breedon, Esq.	Chatham County DA's Office, P.O. Box 2309 Savannah, GA 31402 912-652-7308	CR*	SP ¹
Georgia v TIMONE HOOPER	Christy Barker, Esq. Assistant District Attorney	Chatham County DA's Office, P.O. Box 2309 Savannah, GA 31402 912-652-7308	CR*	SP ¹
Georgia v Remler	Jennifer Parker, Esq. Assistant District Attorney	Chatham County DA's Office, P.O. Box 2309 Savannah, GA 31402 912-652-7308	CR*	SP
Dennis William Bryan (decedent)	Jackie L. Johnson, Esq. District Attorney	Brunswick Judicial Circuit Jackiejohnson@pacga.org 912-270-6180	CR*	SP ¹
Georgia vs. Landon Terrell	Aaron Henrickson, Esq.	Hendrickson & Sereebutra, LLC 229 Buchanan Street Dallas GA 30132 (770) 505-4405	CR*	D
Georgia Vs Cash & Weathington	Aaron Henrickson, Esq.	Hendrickson & Sereebutra, LLC 229 Buchanan Street Dallas GA 30132 (770) 505-4405	CR*	D
Georgia V Laquan Hasuan Jivens	Maggie Hinchey DeLeon, Esq. Assistant District Attorney	Chatham County DA's Office, P.O. Box 2309 Savannah, GA 31402 912-652-7308	CR*	SP ¹
Georgia V Taurus Green & Gregory Bivin	Christy Barker, Esq. Assistant District Attorney	Chatham County DA's Office, P.O. Box 2309 Savannah, GA 31402 912-652-7308	CR*	SP ¹
Georgia V Karonta Shamon Morrell	Matt Breedon, Esq.	Chatham County DA's Office, P.O. Box 2309 Savannah, GA 31402 912-652-7308	CR*	SP ¹

Florida V Oscar Marrero	Michelle Medina, Esq	The Baez Law Firm 1200 Brickell Ave, Suite 620 Miami, FL 33131	CR^*	D
Georgia V Edenfield		Attorney General's Office	O* Habeus	SP ¹
Georgia V Laquan Hasuan Jivens	Maggie Deleon	Chatham County DA's Office, P.O. Box 2309 Savannah, GA 31402 912-652-7308	CR*	SP ¹
Georgia v Harvey Timothy Lee Tia Trollyne Young	Ryan Fisher, Esq. Stephen. A. Fern, Esq.	Gwinnett Judicial Circuit 75 Langley Dr., Lawrenceville, Georgia 30046 770-822-8000	CR*	SP ¹
FLORIDA v Cameron Dowden	Dan Wehking, Esq.	Office Criminal Conflict & Civil Regional Counsel, 5 th District 7165 Murrell Rd #101. Melbourne, FL 32940 (321) 752-3115	CR^	D
Jimmie Jenkins, et al. vs. Corizon Health, et al.	Gene Brooks, Esq	Brooks Law Firm 313 West York Street, P. O. Box 9545, Savannah, GA 31401 (912) 233-9696	CV^	P
Coleman Moore v Nobel Learning Center	Kristina L. Miller, Esq.	A C K ANDERSON COE KING ATTORNEYS AT LAW 7 Saint Paul St., Suite 1600, Baltimore, MD 21202 miller@acklaw.com 410-752-1630	CV^	D
Georgia v K. Smith/J Campbell/R Parrish	Christy Barker Assistant District Attorney	Eastern Judicial Circuit cbarker@chathamcounty.org (912) 652-7308	CR*	SP ¹
Texas v Soto	Bill Helwig, Esq. Yoakum Co. TX Criminal DA	(806) 731-0093 bhelwig@yoakumcounty.org P.O. Box 359, Yoakum Co. Courthouse, 600 Cowboy Way Plains, TX 79355	CR*	SP
Robert L. Davis, dec v. Rose Manor	Edward Weed, Esq	Martin Weed, LLC 100 Union Hill Drive, Suite 150 Birmingham, AL 209 205-443-6661	CV^	P
Georgia v Jesus V. Guerrero Toombs Co16CR00103	Allen W. McCall Chief Investigator	Office of the District Attorney, Middle Judicial Circuit 101 N. Main Street, Suite 200, Post Office Drawer 590 Swainsboro, Georgia 30401 (478) 237-7846	CR*	SP ¹
Martez WILSON v City of Douglasville GA	Sara E. Brochstein, Esq.	Freeman Mathis & Gary, LLP 100 Galleria Parkway I Suite 1600 I Atlanta, Ga. 30339 D:770.303.8634 C:404.520.4400 sbrochstein@fmgllaw.com	CV^	D
South Carolina v Ka'Vaughn Smith	Jim Bannon, Esq.	The Bannon Law Group, LLC. P.O. Box 3691 / 10 Westbury Parkway unit A Bluffton, SC 29910 P: 843-815-4505 F: 843-277-6803	CR	D
USAF v Wilsey	Cliff McElroy, SrA, USAF Paralegal	Military Justice Section 55th WG/JAM DSN 2712358 Comm (402) 294 2358	CR*	FP
Georgia v Nathaniel WILKINS	Jerome Rothschild, Esq. Assistant District Attorney	Chatham County DA's Office 912-652-7308 P.O. Box 2309 Savannah, GA 31402	CR*	SP ¹
Georgia v Karonta MORRELL	Matt Breedon, Esq. Assistant District Attorney	Chatham County DA's Office mabreedon@chathamcounty.org 912-652-7308 P.O. Box 2309 Savannah, GA 31402	CR*	SP ¹
Georgia v Dreshaun Martin	Nancy Smith, Esq, Assistant District Attorney	Chatham County DA's Office 912-652-7308 P.O. Box 2309 Savannah, GA 31402 ngsmith@chathamcounty.org	CR*	SP ¹

Georgia v Emile Randolph & Quamelius Lee	Bradley Thompson, Esq. Assistant District Attorney	Chatham County DA's Office 912-652-8024 P.O. Box 2309 Savannah, GA 31402 brthompson@chathamcounty.org	CR*	SP ¹
US Army v Seifert	Jason W. Moy, MAJ, JA Special Victim Prosecutor	Fort Stewart, Fort Gordon, and Hunter Army Airfield jason.w.moy.mil@mail.mil 912-767-3920 (office) 976 William H. Wilson Ave, Fort Stewart, Georgia 31314	CR*	FP
L. Keenan et al. v J Hoffman-Rosenfeld, et al.	Jason R. Corrado, Sr.	Shaub, Ahmuty, Citrin & Spratt, LLP 1983 Marcus Avenue, Lake Success, NY 11042 516-488-3300	CV ⁰	D
Ohio v Brent Houdeshell (Hancock 2016 CR108)	Colleen P. Limerick, Esq. Assistant Prosecutor	Hancock County Prosecutor 514 S. Main Street, Suite B Findlay, Ohio 45840 (419) 424-7405 cplimerick@co.hancock.oh.us	CR*	SP
Vernon	Amy Sciuto, Paralegal	The Simon Law Firm 800 Market St. Ste 1700 1 St. Louis MO 63101 (314) 241-29291 asciuto@simonlawpc.com	CV^	D
Georgia v Hampton	Matthew Breedon, Esq.	Chatham County DA Office Eastern Judicial Circuit P.O. Box 2309 Savannah, GA 31402 mabreedon@chathamcounty.org	CR*	SP ¹
Florida v Omar Marrero	Sean Landers, Esq.	The Baez Law Firm - Orlando Office 23 South Osceola Avenue, Orlando, FL 32801 (407) 705-2626 sean@baezlawfirm.com	CR^*	D
Georgia v Randall Futch	ADA Abigail Long, Esq.	Atlantic Judicial Circuit District Attorney's Office Liberty/Long County 945 E.G. Miles Pkwy, Hinesville, GA 31313 912-876-3952	CR*	SP ¹
Georgia vs. Joseph Heyward & Cierra Leeks	ADA Matt Breedon, Esq.	Chatham County District Attorney's Office Eastern Judicial Circuit 912-652-7308 P.O. Box 2309 Savannah, GA 31402	CR*	SP ¹
Schulte v BrightStar	Niki T. Long, Esq.	Franke Schultz & Mullen, P.C. 8900 Ward Parkway Kansas City, Missouri 64114	CV^	D
POLSDORF, et al. v. MANDEL, et al. STCV1601573	Carlton E. Joyce, Esq.	Bouhan Falligant (816) 268-8618 (direct) (816) 421-7100 (m) Armstrong House, 447 Bull Street, Savannah, GA, 31401	CV^	V
Georgia v. Tobias DANIELS & Antonio GRIFFIN	ADA Mary Fitzgerald	Chatham County DA's Office Eastern Judicial Circuit 912-652-8069 nlong@fsmlawfirm.com P.O. Box 2309 Savannah, GA 31402	CR*	SP ¹
Georgia v Robert Donald Rogers	ADA Jack Johnson, Esq.	Wayne County DA Office, 145 North Brunswick Street Jesup, Georgia 31546 (912) 427-6379	CR**	SP ¹
Mornay v SouthEast trans	Matthew P. Lazarus, Esq.	Scrudder, Bass, Quillian, Horlock, Taylor & Lazarus LLP 900 Circle 75 Parkway, Suite 850, Atlanta, GA 30339-3053 770-612-9200 mlazarus@scrudderbass.com	CV^	D
Georgia v. Terrence Jones (Richard Trantham)	Jack Johnson, Esq.	Wayne County DA Office, 145 North Brunswick Street Jesup, Georgia 31546 (912) 427-6379	CR*	SP ¹
Thomas Rogers v Heiges, et al.	Bart Turner, Esq.	SAVAGE TURNER PINKNEY Eighth floor, 102 East Liberty St, Savannah, Ga 31401 (912) 231-1140	CV*	PD
	Gregory Hodges, Esq.	OLIVER-MANER 218 W. State Street, Savannah, GA 31401 (912) 236-3311		

Weintraub v PTS of America, LLC	Jacob E. Daly, Esq.	Freeman Mathis & Gary, LLP 100 Galleria Pkwy, Ste 1600, Atlanta, Ga, 30339 (770) 818-1431	CV^	D
North Carolina v Stephen Maddox	Kurt D. Schmidt, Esq.	Schmidt Law 2505-B Nash St., Wilson, NC 27896 (252) 281-2149	CR*	D
Michigan v Donald Bebee	Gordon Bloem, Esq.	Public Defender's Office 108 South University Avenue, Suite 1 Mt. Pleasant, Michigan 48858	CR*	D
Littlejohn v. Intown Suites Piedmont, et al.	Jacob E. Daly, Esq.	Freeman Mathis & Gary, LLP www.fmglaw.com 100 Galleria Parkway, Suite 1600, Atlanta, Ga. 30339 770.818.1431 JDaly@fmglaw.com	CV^	D
Georgia vs. Tommy Laron Cooper 2016-R-178-JS	Assistant DA	District Attorney's Office Tatnall County – Reidsville, Georgia	CR*	SP ¹
Georgia v. Terrence Jones (Joseph Speight)	Assistant DA	District Attorney's Office Liberty County, Georgia	CR*	SP ¹
Francois v Univ. of Miami	George Koonce, Esq.	Espirito Santo Plaza 1395 Brickell Avenue 14th Floor Miami, Florida 33131 (305)789-9200	CV^	D
Georgia v. Troy SIMMONS (Wendell Lee)	Assistant DA	District Attorney's Office Wayne County, Georgia	CR*	SP ¹
Kevin Palmer	Christy Barker, Esq. Assistant DA	Chatham County District Attorney's Office Eastern Judicial Circuit 912-652-7308 P.O. Box 2309 Savannah, GA 31402	CR*	SP ¹
Georgia v WILLIAM MOORE CR15-1131-J1	Frank Pennington, Esq. Assistant DA	Chatham County District Attorney's Office Eastern Judicial Circuit 912-652-7308 P.O. Box 2309 Savannah, GA 31402	CR*	SP ¹
Georgia v. Quentin Lee HORTON 16CR00022	Allen W. McCall Chief Investigator	Office of the District Attorney – Candler Co. GA Middle Judicial Circuit 200 Courthouse Square, Lyons, Georgia 30436	CR*	SP ¹
Gregory Rhynes (dec)	Greg McConnell, Esq. Chief Asst. DA Chatham County	Chatham County District Attorney's Office Eastern Judicial Circuit 912-652-7308 P.O. Box 2309 Savannah, GA 31402	CR*	SP ¹
Georgia v Eugenia Shell	John B. Johnson, III, Esq. Chief Asst. Deputy DA	Brunswick Judicial Circuit, Wayne County Office 145 North Brunswick Street Jesup, Georgia 31546	CR*	SP ¹
Georgia v Kyle Mirochna	Kyle Ridgway, Esq. Assistant DA	Liberty/Long County District Attorney Hinesville GA	CR*	SP ¹
USAF v McCarson	Cynthia A. Scott-Torres, SrA, USAF Military Justice Paralegal	United States Air Force cynthia.scotttorres@us.af.mil Comm 736-3992	CR*	FP
Kevin ALFORD	Edward A. Piasta, Esq. Michael Geoffroy, Esq.	1201 Peachtree Street, N.E., Suite 1700 Atlanta, Georgia 30361 (404) 996-1296 LaMalva, Geoffroy & Oeland, PC 919 Center Street, Conyers, Georgia 30012	CV^	V
Wanda Miller v Savannah Vascular	Chris Irwin, Esq.	Cook Noell Tolley & Bates LLP Post Office Box 1927 Athens, Georgia 30603-1927 (706) 549-6111 www.CNTBlaw.com	CV*	P

Adrianna Flowers v Enmark Stations, et al.	Rob Kelly, Esq.	WEINBERG WHEELER HUDGINS GUNN & DIAL 3344 Peachtree Road NE Suite 2400 Atlanta, GA 30326 404-591-9672 www.wwhgd.com Kelly & Kelly, LLP 100 Riverview Drive Suite 202 Savannah, Georgia 31404 (912) 234-0411 www.kklegal.com	CV^	V
Wesley Skiles v Lamartek Inc, et al.		Spangenberg Shibley & Liber LLP 1001 Lakeside Avenue East, Suite 1700 Cleveland, Ohio 44114	CV^	P
Alford v. Taylor, et al.	Michael Geoffroy, Esq.	LaMalva, Geofroy & Oeland, PC 919 Center Street, Conyers, Georgia 30012 hayes@spang w.com ww.spanglaw	CV^	V
Tinker v. Yankee Freedom	Krista Fowler Acuña, Esq.	The Chartwell Law Offices, LLP 200 S Biscayne Blvd, Suite 300 Miami, FL 33131-5322 305.372.9044 www.chartwelllaw.com	CV^	D
Yolanda B. Carter Rutledge v.Fairfield Nursing & Rehab.	Patrick Strubel, Esq.	2801 Highway 280 South, Suite 200 Birmingham, AL 35223 205.251.1193 www.huielaw.com	CV^	D
Texas v. Jekaris Bryant	Michael Murray, Esq.	District Attorney Brownwood, Texas	CR*	SP
Massachusetts v. Aaron Hernandez	Jose Baez, Esq.	The Baez Law Firm 40 S.W. 13th St., Suite 901 Miami, Florida 33130 www.baezlawfirm.com	CR*	D
Rogers v. Orthopedic Center, Tatnall Hospital, et al.	Gregory Hodges, Esq.	OLIVER MANER, LLP 218 West State Street, PO Box 10186, Savannah, GA 31412 (912)238-2537	CV^	P
Ga. V Grant Spencer	ADA Daphne Totten, Esq.	Ogeechee Judicial Circuit 1 Courtland Street, Statesboro, GA 30458 (912) 764-9924	CR ^o	PD
Schneider v. Biggerstaff	Gregory Hodges, Esq.	OLIVER MANER, LLP 218 West State Street, PO Box 10186, Savannah, GA 31412 (912)238-2537	CV*	D
Imwold v Frederick Memorial Hospital	Cullen B. Casey, Esq.	A C K ANDERSON COE KING ATTORNEYS AT LAW 7 Saint Paul St., Suite 1600, Baltimore, MD 21202 miller@acklaw.com 410-752-1630	CV^	D
Davis v. Bowens 09/23/15	R.S. Gill, Esq	638 Howard Avenue Biloxi, MS 39530 Tel: 228-432-0007	CV^	P
Phillips v. Gallo 05/07/15	Scott Salter, Esq.	STARNES DAVIS FLORIE LLP 100 Brookwood Place, 7th Floor, Birmingham, AL 35209 205-868-1772 fax 205-868-6099	CV*	D
USA v Mayo 12/08/14	Amy A. Foley, CPT, JA Trial Counsel	4th Infantry Division Office: (719) 526-0057 Cell: (323) 244-6646	CR*	FP
Nadene Holliday v. Waccamaw Comm. Hospital et al.	Andrew Gowdown, Esq.	Rosen Hagood 151 Meeting Street Suite 400, Charleston SC 29401	CV^	P
John H.Thomas v. Coastal Neurological Institute Imaging	David A. Strassburg, Jr.	Frazer, Greene, Upchurch & Baker, LLC PO Box 1686, Mobile, AL 36633	CV^	D

US Army v Isaac Aguigui 07-02-13	Jaclyn C. Grieser, MAJ, JA Scott Z. Hughes, MAJ JA Special Victim Prosecutor	Fort Stewart/HAAF, Fort Gordon Office: 912-767-3290 BB: 912-432-0512 Cell: 845-598-1294	CR+**	FP
Burrell v Fieldale Farms, Terra Renewal, et al	Steve Gilliam, Esq.	Smith, Gilliam, Williams & Miles P.A. 301 Green Street, N.W. 200 Old Coca-Cola Building Gainesville, Georgia 30501 770-536-3381 ext.38	CV**	D
Walker v. Maxim	George M. Koonce, Esq.	Espirito Santo Plaza 1395 Brickell Avenue 14th Floor, Miami, Florida 33131 305.789.9200	CV^	D
Acree v. Watson, et al	Charles Miller, Esq.	Heygood, Orr, & Pearson 2331 W. Northwest Highway, Second Floor, Dallas, TX	CV^	P
Plimack, et al. v. English, et al.	Josh Joseph, Esq.	Shaw, Joseph, & Just, P.A. Executive Plaza III, Suite 1200, 11350 McCormick Road Hunt Valley, MD 21031 Direct: 443.330.9012	CV*	D
Thomas v. Watson, et al.	Charles Miller, Esq.	Heygood, Orr, & Pearson 2331 W. Northwest Highway, Second Floor, Dallas, TX	CV^	P
Standing (Bristol) v. Watson 12-05-11	Charles Miller, Esq.	Heygood, Orr, & Pearson 2331 W. Northwest Highway, Second Floor, Dallas, TX	CV^	P
Melissa Rodriguez (Parker) v. state of 10- 20-11	Stephanie Lane-Weber, Esq.	Office of the Attorney General, Correctional Litigation, 200 St Paul Place, Baltimore, MD 21202-2021	CV^	D
Combs v Considine 06-23-11	Lisa Leasure, Esq.	Faraci Wolanske, LLC 1512 Larimer Street, Suite 1050 Denver, CO 80202 303-630-0507	CV^	D
Burrell v Fieldale Farms,Terra Renewal, et al 05-24-11	Steve Gilliam, Esq. Edward Weed, Esq.	Smith, Gilliam, Williams, & Miles, PA (770)536-3381, ext 38 Martin Weed, LLC, 100 Union Hill Drive, Suite 150 Birmingham, AL 35209 (205)443-6661	CV^	D
Alabama v. Nodine 12-10-10 & 12-13-10	DA Judy Newcomb	Bay Minette, AL	CR*	SP
	Dan Talmadge, Esq.	Dothan, Alabama	CV^	P
Florida v. Ball 12-10	Russell Edgar, Esq.	Assistant DA	CR^	SP
Phillips v. Alza, et al. 11-23-10	James Orr, Esq.	Heygood, Orr, & Pearson 2331 W. Northwest Highway, Second Floor, Dallas, TX	CV^	P
Christensen v. Alza, et al. 08-27-10	James Orr, Esq.	Heygood, Orr, & Pearson 2331 W. Northwest Highway, Second Floor, Dallas, TX	CV^	P
Martell, et al. v. Alza, et al.	Charles Miller, Esq.	Heygood, Orr, & Pearson 2331 W. Northwest Highway, Second Floor, Dallas, TX	CV^	P
Fusco, et al. v. Alza, et al.	Charles Miller, Esq.	Heygood, Orr, & Pearson 2331 W. Northwest Highway, Second Floor, Dallas, TX	CV^	P

Jennings, et al. v. Alsager, et al.	Charles Miller, Esq.	Heygood, Orr, & Pearson 2331 W. Northwest Highway, Second Floor, Dallas, TX	CV^	P
Auburn v J&J, et al	Charles Miller, Esq.	Heygood, Orr, & Pearson 2331 W. Northwest Highway, Second Floor, Dallas, TX	CV^	P
Christian, Cardinal, et al. v ALZA	Charles Miller, Esq.	Heygood, Orr, & Pearson 2331 W. Northwest Highway, Second Floor, Dallas, TX	CV^	P
Freeman v Shoals Hospital	Frank Stakely, Esq.	Rushton, Stakely, Johnston, & Garret PO Box 2087, Huntsville, AL 35804	CV^	D
Wells v J&J	Charles Miller, Esq.	Heygood, Orr, Pearson, & Bartolomei, LLP 2331 W. Northwest Highway, Second Floor, Dallas, TX	CV^	P
DiCosolo v ALZA	Charles Miller, Esq.	Heygood, Orr, Reyes, Pearson, & Bartolomei, LLP 2331 W. Northwest Highway, Second Floor, Dallas, TX	CV^*	P
California v Jennings	Michael Blake, Esq.	Assistant DA Los Angeles County, Antelope Valley Br. 42011 4th St W #3530, Lancaster, CA, 93534	CR***	SP
Hendelson v J&J	Ed Angwin, Esq.	Whatley Drake , 2323 Second Avenue North Birmingham, AL 35203	CV^*	P
Iko v Galley	Stephanie Lane-Weber, Esq.	Office of the Attorney General, Correctional Litigation, 200 St Paul Place, Baltimore, MD 21202-2021	CV^	D
Pinedo	Jason A. Stuckey, Esq.	Gulas & Stuckey, P.C. 2031 2 nd Ave North, Birmingham, AL 35203 205-879-1234	CV^	P
Warren	John Crumrine, Esq.	147 Wappoo Creek Dr # 303 Charleston, SC 29412 (843) 762-3838	CV^	P
Roxanne Adams v Romine, et al.	Jennifer D. Segers, Esq	2801 Highway 280 South, Suite 200 Birmingham, AL 205.251.1193 JSegers@huelaw.com	CV^	D
Clare Westhoven v Brookwood Med	Jane Hall, Esq.	2101 Highland Ave. S., Suite 700, Birmingham, AL, 35205	CV^	D
Pearson v Thomas Hospital, et al.	Boyd Reeves, Esq. Win Stuardi, Esq.	63 South Royal Street, Suite 1300, Mobile, AL, 36602	CV*	D
Gardner, et al. v Barre Drug, et al.	Jack Hinton, Esq.	904 Regions Tower 60 Commerce Street, Montgomery, AL, 36104	CV^	D
Pearson v Baptist Hospital	Danny Kepner, Esq.	Ninth Floor – Seville Tower 226 Palafox Place, Pensacola, FL 32502	CV*	D
George Washington v Mobile Infirmary	Christian Hines, III, Esq.	Riverview Plaza, Suite 1106 63 South Royal Street, Mobile, AL, 36602	CV^	D

Patterson v. Pennington	Danny Kepner, Esq.	Ninth Floor – Seville Tower, 226 Palafox Place, Pensacola, FL 32502	CV^*	D
Audrey Hughes v. Gadsden Health	Kathryn Harrington, Esq.	2637 Valleydale Road, Suite 100, Birmingham, AL, 35244	CV^*	P
Jack Warren Williams v Victor	Henry Garrard, III, Esq.	440 College Ave, Athens, GA, 30603	CV^	P
Terry Beatty v Gwinnett Hospital	Gary Blasingame, Esq.	440 College Ave, Athens, GA, 30603	CV^	P
Gertrude Garrett v Royal Health Care	Kathryn Harrington, Esq.	2637 Valleydale Road, Suite 100, Birmingham, AL, 35244	CV	P
Ruth Norris (V)	Kathryn Harrington, Esq.	2637 Valleydale Road, Suite 100, Birmingham, AL, 35244	CV	P
Royall v Naveira & Alamance	Gene Brooks, Esq.	313 West York St., Savannah, GA, 31419	CV^*	P
Eastham v Mazda	David Chancellor, Esq.	420 South Lawrence Street, Montgomery, AL, 36104	CV^*	P
Dunlap v Lusk	Todd Sponseller, Esq.	PO Box 1831 Charleston, WV 25327-1831	CV^	P
Alabama v C. Cofield	Melody Baldwin, Esq.	5th Judicial Circuit, Chambers Co. Court, Lafayette, AL	CR^	SP ¹
Brandi Hobson (V)	Gary McAliley, Esq.	PO Box 812, Troy, AL, 36081	CR^	SP ¹
Charles Whatley (V)	DA E. Paul Jones, Esq	Macon County Courthouse, PO 830568, Tuskegee, AL	CR*	SP ¹

**KEY CR=criminal | CV=civil | S=state | F=federal | P=plaintiff/prosecution | D=respondent/defense |
V=victim | ^=depo | *=trial | +=Article32 | o=other**

¹ arose from employment for Government Laboratory

J.C. Upshaw Downs, M.D.

ABP-AP/CP/FP, FCAP, FASCP

F-AAFS, F-NAME, D-ABMDI

forensX, LLC

Medicolegal Consultants
Forensic Pathology & Lab Services
Courtroom Illustrations & Exhibits
Training & Continuing Education

"To strive, to seek, to find - and not to yield."

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29 September 2019

2020-2021 FEE SCHEDULE

General case overview

.....\$1000

Case consultation

All case-related activities (including research, consultation, travel, & testimony)

.....\$500/hour

10 hours required in advance (\$5000)

Full day case-related activities – capped at

.....\$6000/day

Complete autopsy examination with record review

.....\$5000

Additional services (histology, toxicology, etc) – negotiable

Trainings (as based upon services sought)

.....negotiable

Expenses

.....reimbursed

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